

VI. Child Care Assistance Approval

The Specialist shall approve Child Care Assistance when all eligibility criteria have been met per CCA policy. Child Care Assistance approval requirements are as follows:

A. Application Approval

1. The client's application for Child Care Assistance will be approved no later than the 30th day from the date of application after the client has provided all required verification and has been determined eligible.
2. The effective date of approval is the application date, which is entered in the ***Request/Application Received Date*** field on the AzCCATS *Primary Address and Request/Application Processing* (AP10) screen and in the *Eligible Start Date* field in the AzCCATS *Household Eligibility Add/Update* (CP21) screen.

B. Child Care Assistance Approval Based on a Jobs Referral or CPS Referral

The eligible activity for Jobs and CPS clients, and CPS/DDD foster parents is determined by the CPS Case Manager or Jobs Program Specialist, and is documented in the CPS or Jobs referral. Applications are NOT required for Jobs or CPS clients; the Specialist shall process Jobs and CPS referrals as they are received, and shall NOT delay the process by requesting an application.

Note: Jobs and CPS referrals shall receive the highest priority in terms of processing order, and shall be processed ahead of standard applications.

1. Jobs Referral

- a. Child Care Assistance shall be authorized based on the Jobs approved activities described in the Jobs referral; the Specialist shall approve Jobs Child Care at the earliest possible date, but no later than the response due date as indicated in Jobs referral, and shall contact the provider for verbal authorization within one day of provider selection.
- b. The effective date of approval for Jobs Child Care is the date the referral was sent to CCA, and is the *To Child Care* date in the lower right hand corner of the automated Jobs referral. The approval date is entered as the *Eligible Start Date* on the AzCCATS CP21 screen.
- c. The effective date of approval for Jobs Child Care shall be entered in the ***Application/Request Received Date*** field on the AzCCATS AP10 screen.

2. CPS Referral

- a. Block Grant/Protective Services Child Care for CPS clients shall be authorized according to the referral from the CPS or DDD Case Manager. The Specialist shall contact the provider for verbal authorization within one day of receipt of the completed referral form which includes the provider selection.
- b. The effective date of approval for Block Grant/Protective Services Child Care is the date the CPS Specialist indicates on the ***Date Form Completed*** area of the CPS Child Care Referral (CC-224) or the date the referral was initiated by DDD (when the CPS referral is received untimely, the approval date [with Supervisory approval *only*] is the date the referral was received by CCA). The approval date is entered in the *Eligible Start Date* field on the AzCCATS CP21 screen.
- c. The effective date of approval for Block Grant/Protective Services Child Care shall be entered in the ***Application/Request Received Date*** field on the AzCCATS AP10 screen.

C. Child Care Assistance Approval Based on Request

Cash Assistance Participants who are employed and who request Child Care Assistance are not required to complete an application.

1. The Specialist shall verify eligibility for AFDC Employed Child Care for the Cash Assistance participant; and
2. Shall approve Child Care Assistance no later than the 30th day from the date of request.
3. The effective date of approval is the date of the client's request for assistance, and shall be entered as the *Eligible Start Date* on the AzCCATS CP21 screen

D. Approval Notification

1. Client Notification

The approval case action is completed when the Specialist authorizes Child Care Assistance in AzCCATS, and provides the client with a completed Child Care Approval Notice (CC-501) which includes notification of the following:

- a. Approved eligibility category;
- b. The eligibility and service authorization start and end dates;

- c. The total number of units (***D*** and ***L***) authorized;
- d. The approved reason (need) for Child Care Assistance;
- e. The assigned fee level;
- f. The family's gross countable income for Child Care Assistance;
- g. The Child Care Specialist's name;
- h. The local office phone number, and
- i. The date of completion of the Approval Notice (CC-501) form.

2. **Provider Notification**

AzCCATS will automatically generate the **Certificate of Authorization** when the assistance authorization has been added or updated in AzCCATS.

- a. AzCCATS Certificates of Authorization notices will be printed and mailed to providers **and** clients from Central Office, and will include notification of the following:
 - i. The names of the individual children being authorized for care;
 - ii. The start and end dates of the authorization for each child;
 - iii. The number of full and part day units authorized per child per month; and
 - iv. The fee level and copayment amounts required for each child.
- b. The provider will receive one Certificate of Authorization per family.
- c. AzCCATS documentation of service authorizations will be retained in the case file. To retain history of the service authorization for the case file, the Child Care Specialists shall screen print the AzCCATS *Purchase Service Display* (CP13) screen for each child authorized.

VII. Child Care Assistance Denial

The client's application or request for Child Care Assistance will be denied within 30 days of the date the application or request was received when the client has been determined ineligible for all child care programs. For a Jobs client, the Specialist should deny assistance by the response due date (unless the eligibility determination process is elongated due to a delay in arranging Child Care Assistance with a provider; the denial action is used when a client has been determined ineligible prior to any authorized assistance).

A. Denial of an Application, Referral, or Request

The client's application or request for Child Care Assistance will be denied within 30 days of the date of application or request when the client has been determined ineligible for all child care programs.

1. Reasons for Denial

Child Care Assistance shall be denied if the applicant:

- a.** Is not an eligible applicant;
- b.** Does not have an eligible activity/need for service;
- c.** Has income that exceeds the maximum allowable income amount;
- d.** Does not meet education/training criteria, and has no other eligible activity or need for assistance;
- e.** Is not a resident of the State of Arizona;
- f.** Is not a United States Citizen and is not a legal resident (is not lawfully present in the United States);
- g.** Is on Cash Assistance and applying for education/training related child care, but has been disqualified from Cash Assistance due to non-compliance with Jobs requirements;
- h.** Has not provided the requested information and/or verification necessary for a determination or redetermination of eligibility;
- i.** Was previously closed for failing to provide verification of net profit (for a self employed client), and has not yet provided verification of net profit for the most recent calendar month;
- j.** Is available to provide care to their own child;

- k. Has no need for Child Care Assistance because another parent (or responsible person) is residing in the household who is available to provide child care;
- l. Has no eligible dependent child under the age of thirteen;
- m. Has not selected a provider who is registered with the Department;
- n. Has failed to cooperate in the arrangement of child care services; and/or the eligibility determination process;
- o. Cannot be located or mail addressed to the last known residence has been returned (and there is no forwarding address; if there is a forwarding address, the Specialist shall send the mail to the new address);
- p. Is deceased, incarcerated, or confined to an institution;
- q. Has requested that the application be withdrawn or that assistance be terminated; or
- r. Is a member of a family which already has an active case or pending application on file for Child Care Assistance.

B. Retention of Denied Applications, Requests, and Referrals

An application, request, or referral which has been denied where no previous case file exists shall be maintained as a *closed* file.

1. A file folder shall be created for each applicant and identified with the case name;
2. The application, request, or referral and all related documentation, verification, Specialist documentation, notices of action, and other documents shall be filed in the case file folder; and
3. Case file retention shall be the same as the retention of a "closed file." (A closed file is retained for a total of five years following the date of the last activity; a minimum of one year at the local office, with four years at the DES Records Center.)

C. Denial Notification

1. The Specialist shall notify the client in writing when assistance has been denied;
2. Notices shall be created using the automated denial notices accessible from the AzCCATS *Request Application Add/Update* (AP10) screen (refer to ***Automated Notices*** in the ***Automated Application/Referral Tracking Procedures*** section for further instruction on denial notification from the AzCCATS AP10 screen).

- a. *Failure to Provide Information/Denial Notice* (CC-101)

When the initial application/request is entered on the AzCCATS AP10 screen, the *Failure to Provide Information/Denial Notice* (CC-101) is automatically sent to the applicant 30 days from the date of application (unless the denial date is extended beyond the standard 30 day time frame) when the requested verification is not received (refer to ***Automated Notices*** in the ***Automated Application/Referral Tracking Procedures*** section for more instruction on the usage of this form).

- b. The *Child Care Notice of Denial* (CC-102)

The *Child Care Notice of Denial* (CC-102) is used to deny an application or request for Child Care Assistance and to indicate the specific reason for ineligibility when the Specialist has determined that the applicant is not eligible for Child Care Assistance (refer to ***Automated Notices*** in the ***Automated Application/Referral Tracking Procedures*** section for more instruction on the usage of this form).

3. The Specialist shall mail denial notification to the client no later than 30 days from the date the application was received, and shall include the following:
 - a. A statement of the reason for denial of assistance;
 - b. The effective date of denial (the same date the application, request, or referral was dated received by the department);
 - c. The policy manual reference supporting the action; and
 - d. An explanation of the client's right to a fair hearing if they do not agree with the decision of the Child Care Administration. The client must be informed that the request for a fair hearing must be submitted in writing within 10 days of the decision date, and that the request must include an explanation of the reason the client believes the decision is incorrect.

VIII. Authorization of Child Care Assistance

Clients shall be authorized for Child Care Assistance as outlined in this section.

A. Determination of Days and Hours Needed

The Child Care Specialist shall authorize child care that is reasonably related to the client's eligible activity/need for service. The service authorization shall be based on the period of time that the parents and/or responsible persons are not available or able to meet the child's needs for part of a 24 hour day due to an eligible activity or need (refer to *Eligible Activities/Needs for Service* for more information).

1. The Specialist shall authorize Child Care Assistance for the period of time the client and responsible person are unavailable to provide care to their own child due to an eligible activity/need for assistance. Child care may be authorized for the following:
 - a. Participation in the Jobs program, and travel time between the Jobs activity and the child care provider.
 - b. Actual time spent while participating in a verified work activity; and
 - i. Meals during work hours; and
 - ii. Travel time between work and the child care provider
 - c. Sleep time during the day for clients who work at night.
 - d. Actual class time in an eligible education/training activity (refer to *Education/Training with Minimum Work Requirement* and also to Block Grant Child Care Eligibility Determination for further instruction to determine eligibility for clients attending education/training activities); the service authorization shall cover:
 - i. Actual class time;
 - ii. Meal time during education/training hours;
 - iii. Time between education/training classes; and
 - iv. Travel time between school and the child care provider.

NOTE: Correspondence courses, home study courses, and study time are **NOT** allowable education/training activities for Child Care Assistance.

- e. Participation in structured shelter activities for clients who are residing in a homeless or domestic violence shelter;
 - f. The verified period of time that clients are unable to provide care to their children due to a physical, mental, or emotional disability;
 - g. The verified period of time that clients are unavailable to provide care to their children due to participation in an alcohol or drug treatment/rehabilitation program or a court ordered community service program;
 - h. The amount of time specified on CPS or CPS/DDD foster care referrals in terms of days/hours needed (and as documented in the CPS or foster care case plan).
2. The Specialist shall determine the hours for each day of the week that the applicant and responsible person are both unavailable to provide care to their children due to an eligible activity/need for service in order to calculate the service authorization amount.
 3. Two parent families shall be authorized based on the time neither parent is available to provide care to their own children due to an eligible activity/need for Child Care Assistance.
 4. Refer to *Exclusions from Authorization* later in this section for services that are prohibited from the authorization.

B. Unit Types

1. Full Day (D) Unit

Clients are eligible to receive 1 full day (D) unit when the Specialist determines that 6 hours or more of Child Care Assistance is needed in a day.

2. Part Day (L) Unit

Clients are eligible to receive 1 part day (L) unit when the Specialist determines that less than 6 hours of Child Care Assistance is needed in a day.

C. "Eligible/No Pay" Status

Sometimes when families are eligible at fee levels L5 or L6, the DES required copayment per child can be equal to or greater than the DES payment rate. This means that no payment will be made for a child whose copayment (for full day/and or part day units) is equal to or greater than the DES full or part day payment rate (because the family is responsible to pay the required copayment amount per child to the provider).

1. The Specialist is responsible for notifying families who are potentially eligible at fee levels L5 or L6 during the intake interview of the possibility of this occurrence (refer to ***Interview Process*** in the ***Application and Interview Process*** section for further instruction on the steps to take during the interview process). The Specialist shall request that the client report their provider selection immediately, so a determination can be made as to whether this situation exists.
2. **When the client reports their provider choice, the Specialist shall:**
 - a. Find the Provider ID number by accessing the *AzCCATS Provider Resource Query* (PR03) screen in the Provider module;

AzCCATS PR03 Screen:

Enter the provider's name in the appropriate line →

TERM XU15 ARIZONA CHILD CARE AUTOMATED TRACKING SYSTEM DATE: 08/25/98		
V6LPR03 PROVIDER RESOURCE SEARCH SCREEN TIME: 14:47:06		
PLEASE ENTER ONLY ONE OF THE FOLLOWING		
PROVIDER		
TYPE		
J,K,R	-----	NON-CERTIFIED RELATIVE (ENTER PROVIDER LAST NAME)
C	-----	CERTIFIED HOME (ENTER PROVIDER LAST NAME)
G	-----	CERTIFIED GROUP HOME (ENTER CORPORATION NAME)
L	-----	CENTERS (ENTER CORPORATION NAME)
AL	-----	CORPORATE ID NUMBER (ENTER CORPORATION ID NUMBER)
DO YOU WANT ONLY OPEN PROVIDERS: Y DO YOU WANT ONLY ACCREDITED PROV: N		
Enter-PF13---PF14---PF15---PF16---PF17---PF18---PF19---PF20---PF21---PF22---PF23---PF24---		
PR90 PR15 PR16 PR16C PR11 PR93 PP05 PP09 PFKEY PR92		

When the Specialist types the provider's name on the AzCCATS PR03 screen and presses enter, the AzCCATS PR03A screen will appear:

3. When payment would be made to the provider for both full and part days:

If the full day (D unit) payment rate ***and*** the part day (L unit) payment rate are both greater than the DES required copayment amounts for full and part days (payment would be made for both full and part days) for the provider selected, the Specialist shall process the case as usual (no further discussion with the client is necessary).

Example:

The client is eligible at fee level L6 and has 2 children ages 1 year old and 5 years old and selected Little Tot's Child Care Center.

The Specialist shall access the AzCCATS PR03 Screen and conduct a name search:

AzCCATS PR03 Screen:

TERM XU15 ARIZONA CHILD CARE AUTOMATED TRACKING SYSTEM DATE: 08/25/98
V6LPR03 PROVIDER RESOURCE SEARCH SCREEN TIME: 14:47:06

PLEASE ENTER ONLY ONE OF THE FOLLOWING
PROVIDER
TYPE

J,K,R	NON-CERTIFIED RELATIVE	(ENTER PROVIDER LAST NAME)
C	CERTIFIED HOME	(ENTER PROVIDER LAST NAME)
G	CERTIFIED GROUP HOME	(ENTER CORPORATION NAME)
	CENTERS	(ENTER CORPORATION NAME)
AL	CORPORATE ID NUMBER	(ENTER CORPORATION ID NUMBER)

DO YOU WANT ONLY OPEN PROVIDERS: Y DO YOU WANT ONLY ACCREDITED PROV: N

Enter-PF13---PF14---PF15---PF16---PF17---PF18---PF19---PF20---PF21---PF22---PF23---PF24---
PR90 PR15 PR16 PR16C PR11 PR93 PP05 PP09 PFKEY PR92

Type "Little Tot's" here, and press enter.

After the Specialist presses enter the PR03A screen will appear:

AzCCATS PR03A Screen:

MORE
TERM: XU40 ARIZONA CHILD CARE AUTOMATED TRACKING SYSTEM DATE: 08/20/98
V6L PR03A PROVIDER RESOURCE NAME SEARCH DISPLAY TIME: 10:40:25

CQ	PROVIDER-ID	PROVIDER RESOURCE/CORP NAME	WORKER	D-O	ZIP	CNTY
N	5555555555	LITTLE TOT'S CHILD CARE	CORP	09654	F0Z 09874	MA

Enter-PF13---PF14---PF15---PF16---PF17---PF18---PF19---PF20---PF21---PF22---PF23---PF24---
PR90 PR15 PR16 PR16C PR11 PR93 PP05 PP09 PFKEY PR92

Place your cursor next "Little Tot's" and access the PR17 screen.

AzCCATS PR17 Screen:

The full day and part day rates
that DES pays the Provider

TERM: XU05		ARIZONA CHILD CARE AUTOMATED TRACKING SYSTEM				DATE: 08/19/98
V6L PR17		PROVIDER APPROVAL DISPLAY				TIME: 15:19:25
PROVIDER ID	888888888888	NAME		LITTLE TOT'S		
SVC	07011998	END DT	D-O	C-MGR	CONT NUMBER	
Ic1	06301999	F0Z	09874			
AGE	UNDER 1	1 THRU 2	3 THRU 5	6 THRU 12		
KND	RATE	RATE	RATE	RATE		
PROV CHRGS	D	19.00	18.20	17.40		
	L	13.80	12.00	10.80		
DES PAYS	D	19.00	18.00	17.40		
	L	13.60	11.60	10.00		
AGES ACCEPT FOR THIS SERVICE: 01 02 03 04 05 06 07 08 09 10 11 12						
LICENSED CAPACITY 180		OTHER LICENSING AGENCY		OTHER LICENSING WORKER		
DATE LAST MONITORED						
Enter-PF13---PF14---PF15---PF16---PF17---PF18---PF19---PF20---PF21---PF22---PF23---PF24---						
PR90 PR15 PR16 PR16C PR11 PR93 PP05 PP09 PFKEY PR92						

The Specialist shall subtract the copayment amount from the DES payment rate to determine if payment will be made for each of the children.

For the 1 year old:

DES Payment rate:	Full day:	\$19.00	Part day:	\$13.60
Copayment:		<u>-\$10.00</u>		<u>-\$5.00</u>
DES payment to the provider:		\$9.00		\$8.60

For the 5 year old:

DES payment rate:	Full day:	\$18.00	Part day:	\$11.60
Copayment:		<u>-\$5.00</u>		<u>-\$2.50</u>
DES payment to the provider:		\$13.00		\$9.10

In this example, because a payment will be made to the provider for full and part days for each of the children, the Specialist shall process the case as usual.

4. When no payment would be made to the provider for full days, while payment would be made for part days only:

If only the full day (D unit) payment rate is less than or equal to the DES required copayment, the following applies (no payment would be made for full days, while payment would be made for part days):

Example:

The client is eligible at fee level L6 and has a 3 year old child and selected Granny's Group Home.

AzCCATS PR17 Screen:

TERM: XU05		ARIZONA CHILD CARE AUTOMATED TRACKING SYSTEM			DATE: 08/19/98
V6L PR17		PROVIDER APPROVAL DISPLAY			TIME: 15:19:25
PROVIDER ID	999999999999	NAME GRANNY'S GROUP HOME			
SVC	START DT	END DT	D-O	C-MGR	CONT NUMBER
ic1	07011998	06301999	FOC	08987	
AGE	UNDER 1	1 THRU 2	3 THRU 5	6 THRU 12	
KND	RATE	RATE	RATE	RATE	
PROV CHRGS	D	12.00	10.00	8.00	
	L	7.00	6.00	5.00	
DES PAYS	D	12.00	10.00	8.00	
	L	7.00	6.00	5.00	
AGES ACCEPT FOR THIS SERVICE: 01 02 03 04 05 06 07 08 09 10 11 12					
LICENSED CAPACITY 180 OTHER LICENSING AGENCY OTHER LICENSING WORKER					
DATE LAST MONITORED					
Enter-PF13----PF14----PF15----PF16----PF17----PF18----PF19----PF20----PF21----PF22----PF23----PF24---					
PR90 PR15 PR16 PR16C PR11 PR93 PP05 PP09 PFKEY PR92					

The full day and part day rates that DES pays the Provider

The Specialist shall subtract the full and part day copayment amounts from the DES full and part day payment rates to determine if payment will be made for each of the children.

DES payment rate:	Full day:	\$10.00	Part day:	\$6.00
Copayment:		<u>-\$10.00</u>		<u>-\$5.00</u>
DES payment to the provider:		\$0.00		\$1.00

In this example, no payment will be made for full days used, however a \$1.00 payment will be made for each part day used.

The Specialist shall:

- a. Explain to the client that:
 - i. DES payment rates are different for each provider; each provider has a different rate for full days (D units) and part days (L units);
 - ii. The copayment amount for a full day (D unit) equals or exceeds the DES payment rate, while the copayment amount for a part day (L unit) is less than the DES payment rate. No payment would be made for a full day (D unit) used, but the daily payment amount for part days is lower and DES would pay a portion of the cost for each part day used.

NOTE: In these instances, the Specialist shall *not* inform the client that they should use part days only. This could leave DES at risk of being held responsible for any problems that may occur within a family when full day care was needed, but only part day care was used. The Specialist shall explain the options to the family, and allow them to make their own choices regarding full and part day usage.

- b. Process all AzCCATS screens up to and including the AzCCATS *Purchase Service Add/Update* (CP08) screen (open the family's eligibility and authorize both full and part day units);
- c. Authorize both full day and part day units for all children needing care on the AzCCATS CP08 screen;
- d. When an authorization is created for a child that is in an "eligible/no pay" status on the AzCCATS CP08 screen, the following edit will display, "*Purchase Svc Added-Copay Equals or Exceeds DES Payment*", as a reminder that the "eligible/no pay" status exists. In this instance, the Specialist shall disregard the edit and continue to authorize services when the copayment equals or exceeds the DES payment rate for full days only but payment will be made for part days;

- e. Choose the following table selections when creating the Approval Notice (CC-501) or the Notice of Change (CC-503):

- i. ***Fee level*** selection from the *Fee Level and Income* Selection Table;
- ii. ***No D Payment*** selection from the *Units or Priority List* Table.

When the Specialist selects ***No D Payment*** from the table, the following statement will be inserted into the notice: *“The copayment for (child’s name) for a full day exceeds the DES payment rate. However, DES will make some payment for each part day that is used”*.

- f. The “eligible/no pay” status for the family will be displayed on the AzCCATS *Purchase Services Display* (CP13) screen

The ***NP*** field on the AzCCATS CP13 screen (per child) will display a ***Y*** when an authorization has been created and the “eligible/no pay” status exists (and will be blank when the “eligible/no pay” status *does not* exist).

5. When no payment would be made to the provider for the first child, but payment could be made for the second and/or third child:

If the full day and part day payment rate is equal to or less than the full day and part day copayment amount for the first child, but the full day or part day payment rate is greater than the full or part day copayment amount for the second and/or third child (no payment would be made for the first child, but payment could be made for the second and/or third child):

Example:

The client is eligible at fee level L5, has 2 children ages 7 and 10 years, and selected Charlie Child Care Center.

AzCCATS PR17 Screen:

TERM: XU05		ARIZONA CHILD CARE AUTOMATED TRACKING SYSTEM			DATE: 08/19/98
V6L PR17		PROVIDER APPROVAL DISPLAY			TIME: 15:19:25
PROVIDER ID	7777777777	NAME	CHARLIE CHILD CARE		
SVC		END DT	D-O	C-MGR	CONT NUMBER
lc1	07011998	06301999	FOP	64578	
AGE	UNDER 1	1 THRU 2	3 THRU 5	6 THRU 12	
KND	RATE	RATE	RATE	RATE	
PROV CHRGS	D	10.00	9.00	7.00	
	L	6.00	5.50	3.50	
DES PAYS	D	10.00	9.00	7.00	
	L	6.00	5.50	3.50	
AGES ACCEPT FOR THIS SERVICE: 01 02 03 04 05 06 07 08 09 10 11 12					
LICENSED CAPACITY 180 OTHER LICENSING AGENCY OTHER LICENSING WORKER					
DATE LAST MONITORED					
Enter-PF13---PF14---PF15---PF16---PF17---PF18---PF19---PF20---PF21---PF22---PF23---PF24---					
PR90 PR15 PR16 PR16C PR11 PR93 PP05 PP09 PFKEY PR92					

The full day and part day rates that DES pays the Provider

The Specialist shall subtract the full and part day copayment amounts from the DES full and part day payment rates to determine if payment will be made for each of the children.

For the 7 year old:

DES Payment rate:	Full day:	\$7.00	Part day	\$3.50
Copayment:		<u>-\$7.00</u>		<u>-\$3.50</u>
DES payment to the provider:		\$0.00		\$0.00

For the 10 year old:

DES payment rate:	Full day:	\$7.00	Part day:	\$3.50
Copayment:		<u>-\$3.50</u>		<u>-\$1.75</u>
DES payment to the provider:		\$3.50		\$1.75

In this example, no payment will be made to the provider for full or part days for the first child, however payment will be made to the provider for the second child.

- a. The Specialist shall explain to the client that:
 - i. The copayment amount is equal to or exceeds the DES payment rate for the first child, but the copayment amount is less than the DES payment rate for the second and/or third child;
 - ii. This means that payment would not be made for the first child, but could be made for the second and/or third child.

iii. The client has the option of:

- a)** Keeping their case in an open status, and receiving DES payment on behalf of some, but not all of their children.
 - b)** When the client chooses to maintain an open case, the Specialist shall inform the client that they are required to report changes within 2 workdays and to comply with the review process at least every 6 months.
 - c)** Voluntarily withdrawing their application for Child Care Assistance.
 - 1)** When the client chooses to voluntarily withdraw their application for Child Care Assistance, the Specialist must inform the client of the possibility of a future Priority Waiting List for services.
 - 2)** If the client chooses to withdraw their application, and later applies for assistance when the Priority Waiting List is in effect, they may be placed on the Priority Waiting List before receiving Child Care Assistance.
 - 3)** If the client chooses to withdraw their application, the Specialist shall request that they sign the Child Care Administration Withdrawal or Termination Request form.
 - 4)** If the form has been requested by the Specialist and the client fails to complete and return the form, the Specialist shall close the child care case or deny the application for failing to submit requested information.
 - 5)** If the client requests withdrawal or termination over the telephone, the Specialist shall complete the form for the client and place it in the case file.
 - d)** The Specialist shall not deny the application or close the case solely because the client's copayment exceeds the payment rate. The client has the option of whether or not to maintain an open case as discussed above.
- b.** If the client chooses to maintain an open case, the Specialist shall process all AzCCATS screens up to and including the AzCCATS *Purchase Service Add/Update* (CP08) screen (open the family's eligibility and authorize full and part day units);

- c. The Specialist shall:
- i. Authorize both full day and part day units for all children needing care on the AzCCATS CP08 screen (including the child whose copayment equals or exceeds the rate);
 - ii. When an authorization is created for a child that is in an “eligible/no pay” status on the AzCCATS CP08 screen, the following edit will display, “*Purchase Svc Added-Copay Equals or Exceeds DES Payment*”, as a reminder that the “eligible/no pay” status exists. In this instance, the Specialist shall disregard the edit and continue to authorize services when no payment would be made to the provider for the first child, but payment could be made for the second and/or third child;
 - iii. Choose the following table selections when creating the *Approval Notice* (CC-501) or the *Notice of Change* (CC-503);
 - a) ***Fee level*** table selection from the *Fee Level and Income Selection* table;
 - b) ***1st child no pay*** selection from the *Units or Priority List* table.

When the Specialist selects ***1st child no pay*** from the table, the following statement will be inserted into the notice, “*The copayment for (first child’s name) exceeds the DES payment rate, no payment will be made to the provider. However, DES will pay a portion of the cost for the 2nd and/or 3rd child.*”

- d. The “eligible/no pay” status for the family will be displayed on the AzCCATS *Purchase Services Display* (CP13) screen

The ***NP*** field on the AzCCATS CP13 screen (per child) will display a ***Y*** when an authorization has been created and the “eligible/no pay” status exists (and will be blank when the “eligible/no pay” status *does not* exist).

6. When no payment would be made to the provider for full or part days used:

If ***both*** the full day (D unit) payment rate ***and*** the part day (L unit) payment rate for all children needing care are less than or equal to the DES required copayment amounts per child for full and part days (no payment will be made for full or part days used):

Example:

The client is eligible at fee level L6, has a child who is 2 years of age, and selected Georgia Gee Group Home.

AzCCATS PR17 Screen:

TERM: XU05		ARIZONA CHILD CARE AUTOMATED TRACKING SYSTEM				DATE: 08/19/98
V6L PR17		PROVIDER APPROVAL DISPLAY				TIME: 15:19:25
PROVIDER ID	22222222222	NAME		GEORGIA GEE GROUP HOME		
SVC	CGI	START DT	END DT	D-O	C-MGR	CONT NUMBER
		07011998	06301999	F9X	96578	
	AGE	UNDER 1	1 THRU 2	3 THRU 5	6 THRU 12	
	KND	RATE	RATE	RATE	RATE	
PROV CHRGS	D		10.00	7.00	5.00	
	L		5.00	4.00	2.50	
DES PAYS	D		10.00	7.00	5.00	
	L		5.00	4.00	2.50	
AGES ACCEPT FOR THIS SERVICE: 01 02 03 04 05 06 07 08 09 10 11 12						
LICENSED CAPACITY 180 OTHER LICENSING AGENCY OTHER LICENSING WORKER						
DATE LAST MONITORED						
Enter: PF13----PF14----PF15----PF16----PF17----PF18----PF19----PF20----PF21----PF22----PF23----PF24---						
PR90 PR15 PR16 PR16C PR11 PR93 PP05 PP09 PFKEY PR92						

The full day and part day rates that DES pays the Provider →

The Specialist shall subtract the full and part day copayment amounts from the DES full and part day payment rates to determine if payment will be made for the child.

For the 2 year old:

DES Payment rate:	Full day: \$10.00	Full day: \$5.00
Copayment:	<u>-\$10.00</u>	<u>-\$5.00</u>
DES payment to the provider:	\$0.00	\$0.00

In this example no payment will be made to the provider for full or part days for the child.

- a. The Specialist shall explain to the client that:
 - i. The DES payment rate for full and part days exceeds the copayment amount for full and part days. This means that no payment will be made to the provider for either full or part days used.
 - ii. The client has the option of:
 - a) Keeping their case in an open status (even though no payment will be made).
 - 1) When the client chooses to maintain an open case, the Specialist shall inform the client that they are required to report changes within 2 workdays and to comply with the review process at least every 6 months.
 - 2) When the client chooses to maintain an open case where no payment can be made, there is no need to authorize services with a provider. The open eligibility will be processed in the system without an authorization (see section 2 below for further direction).
 - b) Voluntarily withdrawing their application for Child Care Assistance.
 - 1) When the client chooses to voluntarily withdraw their application for Child Care Assistance, the Specialist must inform the client:
 - (a) Of the possibility of a future Priority Waiting List for services;
 - (b) That if they choose to withdraw their application, and later reapply for assistance when the Priority Waiting List is in effect, they may be placed on the Priority Waiting List before receiving Child Care Assistance.
 - 2) If the client chooses to withdraw their application, the Specialist shall request that they sign the *Withdrawal or Termination Request* (CCA-1015A) form.
 - 3) If the form has been requested by the Specialist and the client fails to complete and return the form, the Specialist shall close the child care case or deny the application for failing to submit requested information.

- 4) If the client requests withdrawal or termination over the telephone, the Specialist shall complete the form for the client and place it in the case file.
- b. The Specialist shall not deny the application or close the case solely because the client's copayment exceeds the rate. The client has the option of whether or not to maintain an open case as described above.
- c. If the client chooses to maintain an open case, the Specialist shall process AzCCATS screens up to and including the AzCCATS *Household Eligibility Add/Update* (CP21) screen (open the family's eligibility but **do not** authorize services on the AzCCATS CP08 screen);
- d. The Specialist shall:
 - i. Choose the following table selections when creating the Approval Notice (CC-501) or the Notice of Change (CC-503);
 - (a) **Elig/no pay** and the **Fee level** table selection from the *Fee Level and Income Selection* table;
 - (b) **No units** selection from the *Units or Priority List* table.

When the Specialist selects **No units** from the table, the following statement will be inserted into the notice, "*Since your DES required copayment exceeds the DES payment rate, no units are authorized*".
 - ii. Delete all asterisks beneath child's name, program, family size, gross income, fee level, and full/part day when creating the Approval Notice (CC-501) or the Notice of Change (CC-503);
- e. The "eligible/no pay" status for the family will be displayed on the AzCCATS *Purchase Services Display* (CP13) screen:
 - i. The **NP** field on the AzCCATS CP13 screen (per child) will display a **Y** when an authorization has been created and the "eligible/no pay" status exists (and will be blank when the "eligible/no pay" status *does not* exist).
 - ii. When an "eligible/no pay" status exists and an authorization has *not been* created on the AzCCATS CP08 screen (as in the above scenario), the **NP** field on the AzCCATS CP13 screen will be blank, even though the nonpayment of copayment problem may exist.

D. Unit Calculations

The total units authorized per month must be reasonably related to the client's availability and verified need for care. The Specialist shall calculate the service authorization amount based on the client's (and other parent/responsible person's) verified activity or need and document the case file accordingly.

1. When full-day authorization is warranted due to the client's schedule, the same number of part days also must be authorized. For each **D** unit authorized, an **L** unit shall also be authorized (in the event that the client does not use a full day of care on some days, this allows the provider to be able to bill for a part day instead).
2. When the client requires part days only (less than six hours per day), only the appropriate number of part days (or **L** units) will be authorized.
3. When the client requires part days in addition to the current full day service authorization, the additional number of **L** units needed must be added to the current service authorization along with the amount of **L** units necessitated by the full day service authorization.
4. To calculate the total units needed per month for authorization, begin with units needed per week:
 - a. Determine the total number of **D** units required per week, multiply by 4, and add 3.

Weekly full day units X 4 + 3 = monthly full day (D) units

- b. Then determine the number of **L** units needed per week for actual care, and then add the number of **L** units to the number of **D** needed per week, multiply by 4 and add 3.

Weekly part day units + weekly full day units X 4 + 3 = monthly part day (L) units.

EXAMPLE #1:.

Client works on Monday and Tuesday for six hours per day, and Friday for three hours per day, and needs one half hour travel time to and from work from the child care provider. How many **D** and **L** units is the client eligible to receive?

M	T	W	Th	F
8 am - 3 p.m. 7 hrs (D unit)	8 am - 3 p.m. 7 hrs (D unit)	---	---	1 p.m. - 5 p.m. 4 hrs (L unit)

The client is eligible to receive 2 full day (**D**) units per week and 1 part day (**L**) unit per week. The Specialist will authorize 1 part day (**L**) unit for the actual part day care needed per week, and will also authorize 2 part day (**L**) units to correspond to the 2 **D** units, for a total of 3 part day (**L**) units for the week.

Full Day (**D**) Unit Calculation: $2 \times 4 = 8 + 3 = 11$ full day (**D**) units/month

Part Day (**L**) Unit Calculation: $1 + 2 = 3 \times 4 = 12 + 3 = 15$ part day (**L**) units/month

Thus, the client is eligible for 11 full days of care, and also for 4 additional part days of care per month; the Specialist will authorize 11 D's and 15 L's per month.

EXAMPLE #2:.

Client works Monday - Thursday from 9:00 am - 12:00 p.m. and her husband works Monday - Friday from 8:00 am - 5:00 p.m., both need 30 minutes of travel time each way. What are the times that both parents are unavailable to care for the child?

M	T	W	Th	F
Client: 8:30-12:30	Client: 8:30-12:30	Client: 8:30-12:30	Client: 8:30-12:30	
Spouse: 7:30-5:30	Spouse: 7:30-5:30	Spouse: 7:30-5:30	Spouse: 7:30-5:30	Spouse: 7:30-5:30

Both parents are unavailable to provide care to the child due to an eligible activity/need for service on Monday - Thursday from 8:30-12:30. At least one parent is available to care for the child during any other portion of the day. How many D and L units is the client eligible to receive?

M	T	W	Th	F
8:30-12:30 4 hrs (L unit)	8:30-12:30 4 hrs (L unit)	8:30-12:30 4 hrs (L unit)	8:30-12:30 4 hrs (L unit)	-----

The client is eligible to receive 4 part day (L) units per week.

Full Day (**D**) Unit Calculation: = **0 full day (D) units/month**

Part Day (**L**) Unit Calculation: **0 + 4 = 4 X 4 = 16 + 3 = 19 part day (L) units/month**

In the above example, the client is eligible for 19 part days of care (L's) per month.

5. When clients who have children who are school aged have a full time need for child care (23 D/L units based on 5 full days per week), the Specialist shall authorize a maximum of 10 full day units/month and 23 part day units/month.
 - a. If the client does not have a full time need for care, the Specialist shall subtract the amount of time the child is in school from the amount of verified eligible activity or need to arrive at the allowable hours for Child Care Assistance.
 - b. The Specialist shall then add 10 additional full day units to the amount calculated as described in “4.b.” above to arrive at the total service authorization amount (the additional 10 full day units are authorized to accommodate school holidays and vacation periods when the parent will need to use additional full days of care).

EXAMPLE #3:.

Client works Monday - Friday from 8:00 a.m. - 2:00 p.m. and needs 30 minutes travel time each way. The client's daughter attends kindergarten from 9:00 a.m. until 1:00 p.m. Monday - Friday.

M	T	W	Th	F
Client: 7:30-2:30 (7 hrs)	Client: 7:30-2:30 (7 hrs)	Client: 7:30-2:30 (7 hrs)	Client: 7:30-2:30 (7 hrs)	Client: 7:30-2:30 (7 hrs)
Daughter: 9:00-1:00 (4 hrs)	Daughter: 9:00-1:00 (4 hrs)	Daughter: 9:00-1:00 (4 hrs)	Daughter: 9:00-1:00 (4 hrs)	Daughter: 9:00-1:00 (4 hrs)

Total hourly need per day - Child's hours in school = Allowable hours/day for Child Care Assistance

7 - 4 = 3 hrs per day

M	T	W	Th	F
3 hrs	3 hrs	3 hrs	3 hrs	3 hrs

The client is eligible to receive 5 part day units per week.

Part day (L) unit calculation (based on above schedule) = 5 part days per week;

Full day (**D**) unit calculation (based on above schedule) = 0 full days per week.

In order to accommodate school holidays and vacation periods, 10 **D**'s will be added to the service authorization amount for a total monthly authorization of 10 **D**'s and 23 **L**'s.

6. When children will be out of school for longer periods (vacations in excess of 2 weeks, etc.), the Specialist shall increase the service authorization based on the parent's activity or need only, and then reduce it again after the child returns to school.

E. Authorization Maximum

1. General Authorization Maximum

The maximum allowable unit authorization for Child Care Assistance is based on client's need for child care. The service authorization amount shall not exceed the following.

- a. When one provider is used, the maximum allowable authorization amount is 31 full day (**D**) units per month and 31 part day (**L**) units per month (31 **D/L**'s);
- b. When two or more providers are used, the maximum allowable authorization amount is 31 full day (**D**) units per month and 31 part day (**L**) units per month *per provider* (31 **D/L**'s per provider).

2. Documentation Requirements for Exceeding the Standard Authorization

- a. The maximum authorization shall not be assigned unless warranted by the client's verified need for assistance.
- b. When authorizing more than 23 **D/L**'s per month, the Child Care Specialist shall calculate units for the service authorization as outlined in *Units Calculation* above, and shall document the case file accordingly when there is a need in excess of 23 **D/L**'s.

3. Jobs and Block Grant/Protective Services Authorization Maximum

- a. Jobs and Block Grant/Protective Services clients shall be authorized for the appropriate number of full/part day units as indicated on the child care referral (refer to *Jobs Child Care* and *Special Circumstances Child Care* for further instruction on the referral process).
- b. The service authorization amount for Block Grant/Protective Services families shall **NOT** exceed 23 full and part day units per month per provider (the 23 unit limit applies to Block Grant/Protective Services *only*).

4. Self Employment Authorization Maximum

- a.** Self-employed clients are authorized based on verified need; the amount of need is determined by the monthly net profit divided by the current minimum wage standard (refer to *Self Employment Authorization* in the *Self Employment Requirements* section for further direction on determining unit authorization for self employed clients).
- b.** The service authorization amount shall not exceed 31 units per month per provider.

F. AzCCATS Service Codes

After the eligibility determination has been completed and the service authorization amount calculated, the Specialist shall enter the appropriate service codes into AzCCATS to denote the category of child care eligibility. Table 18 lists the AzCCATS eligibility codes, budget source codes and service eligibility codes that are necessary for entry of the service authorization into AzCCATS.

TABLE 18:
AzCCATS SERVICE ELIGIBILITY AND AUTHORIZATION CODE TABLE

Category of Eligibility:	Eligibility Code: (shall be entered in the <i>Child Care Elig</i> field on the CP21 screen prior to authorization of Child Care Assistance)	Budget Source Code: (shall be entered in the <i>Bud Src</i> field on the Purchase Service Add/Update (CP08) screen prior to the authorization of Child Care Assistance)	Service Eligibility Code: (shall be entered in the <i>SVC Elig</i> field on the Purchase Service Add/Update (CP08) screen prior to authorization of Child Care Assistance.)
Jobs Child Care	JB	J	JB
Jobs/At Risk Child Care	JA	J	JA
AFDC Employed Child Care	EA	E	EA
Transitional Child Care:			
<i><u>First 12 month</u></i> TCC Eligibility Period	TC	T	TC
<i><u>Second 12 month</u></i> TCC Eligibility Period	WT	W	WT
Block Grant/Work	BW	B	BW
Block Grant/Teen Parents	BT	B	BT
Block Grant/Unable-Unavailable	BU	B	BU
Block Grant/Protective Services	BP	B	BP
Priority Waiting List	PL	(N/A)	(N/A)

G. Authorization in AzCCATS

1. Eligible Start Date

- a. The eligible start date is entered in the ***Elig Start Date*** field on the AzCCATS *Household Eligibility Add/Update* (CP21) screen, and shall be the first date of the family's eligibility for the authorized program (refer to Program Specific sections for a description of the eligible start date for each program).
- b. The eligible start date is the date the application, referral, or request for assistance was received by the Department.

2. Setting the Review Date

- a. The review date shall always be set on a calendar month end date at a maximum of 6 months from the eligible start date and shall be entered in the ***Review Date*** field on the AzCCATS *Household Eligibility Add/Update* (CP21) screen.
- b. The review date shall vary depending upon the specific program that services are authorized under (refer to Program Specific sections for a description of the eligible start date for each program).
- c. The Specialist may elect to assign a review date which is less than (but not greater than) 6 months from the eligible start date.
- d. If the service authorization should be stopped ***PRIOR*** to the month end review date as entered on the Household Eligibility Add/Update (CP21) screen, the Child Care Specialists shall set the appropriate stop authorization date on the Purchase Service (CP08) screen.
- e. The review date can be extended into the seventh calendar month to allow assignment of a month end review date. This may be necessary when the *CPS Child Care Referral* (CC-224) form indicates an end date in the middle of the seventh calendar month. The Specialist shall stop services on the AzCCATS CP08 screen effective the expiration date of the referral, but would extend the review date to the appropriate calendar month end date.

3. Fee Level Start Date

The fee level start date is entered in the ***Fee Level Start Date*** field on the AzCCATS CP21 screen and shall be the first date the client begins using child care services after having been determined eligible to receive Child Care Assistance (if the client is eligible for a program which requires a copayment, refer to ***Copayment/Fee Level Assignment*** in the ***Eligibility Determination Process*** section for further information on authorizing fee level and copayment amounts).

4. Entering Copayment Amount

The Specialist shall enter the appropriate copayment amount in the ***‘D’ Co-Pay*** and the ***‘L’ Co-Pay*** fields on the AzCCATS *Purchase Service Add/Update* (CP08) screen (refer to the *Child Care Assistance Income Eligibility Chart and Fee Schedule* (CC-229) for fee levels and corresponding copayment amounts).

5. Dates of Authorization

a. Authorization start date

The authorization start date is entered in the ***Start Date*** field on the AzCCATS *Purchase Service Add/Update* (CP08) screen and shall be the first date services are authorized after all eligibility criteria have been verified and a child care provider has been selected.

b. The authorization start date shall be the first date services are authorized to begin for the verified activity or need.

- i. Services will be authorized effective the date that the client needs services to begin; or
- ii. The date that the client began using services for the verified activity or need, but *NOT* earlier than the date the application/request was received by the Child Care Administration.

Note: Refer to ***Jobs Child Care Eligibility Determination*** and ***Special Circumstances Child Care Eligibility Determination*** (Block Grant Protective Services) sections for exceptions when Child Care Assistance is needed prior to the request date.

6. Duration of Assistance

Refer to the Program Specific sections for instruction on determining the duration of assistance (some programs are time limited).

7. Unit Authorization

- a. The Specialist shall enter the number of units authorized for each unit type (**D/L**) in the *Units 'D' 'L'* fields on the *AzCCATS Purchase Service Add/Update* (CP08) screen (refer to Exhibit K for location of the field).
- b. If the service authorization will begin on any day other than the first day of a month, the units (**D** and **L**) shall be prorated to cover the actual number of days that care is needed during the remainder of the month. The Child Care Specialists shall increase the service authorization to the full amount of units effective the first day of the following month.

8. Entering the AzCCATS Service Codes

a. Eligibility Code

The Specialist shall enter the eligibility code (refer to Table 18 for a list of AzCCATS eligibility codes) in the *Household Elig* field on the *AzCCATS Household Eligibility Add/Update* (CP21) screen (refer to Exhibit K for field locations) prior to the authorization of child care services.

b. Budget Source Code

The Specialist shall enter the budget source code (refer to Table 18 for a list of AzCCATS budget source codes) in the *Bud Src* field on the *AzCCATS Purchase Service* (CP08) screen (refer to Exhibit K for the location of the *Bud Src* field) prior to the authorization of child care services.

c. Service Eligibility Code

The Specialist shall enter the service eligibility code in the *AzCCATS Svc Elig* field on the *AzCCATS Purchase Service Add/Update* (CP08) screen (refer to Exhibit K for the location of the *Svc Elig* field) prior to authorization of service.

d. Authorizing Priority Waiting List Eligibility

- i. The Specialist shall enter the Priority Waiting List eligibility code (**PL**) in the ***Eligibility*** field of the AzCCATS *Eligibility Add/Update* (CP21) screen in the field below “Waiting List Only!”; and
- ii. When authorizing Priority Waiting List eligibility, it is not necessary to authorize services on the AzCCATS CP08 screen.

9. **Provider Identification Numbers**

- a. The Specialist shall enter the provider identification (ID) number in the ***Provider ID*** field on the AzCCATS *Purchase Service Add/Update* (CP08) screen.
- b. The correct provider identification number can be obtained by completing a provider name search on the *Name Search* (PR03) screen in the *Provider Menu* module in AzCCATS.

10. **Authorizing Special Needs Child Care Assistance**

The Specialist shall enter **SNC** in the ***Service*** field on the AzCCATS CP08 screen to denote that the authorization is to be billed for a special needs contract. The Specialist must also enter the Special Needs contract number assigned to the special needs provider.

EXHIBIT K: AzCCATS FIELD LOCATIONS FOR AUTHORIZATION PURPOSES

1. AzCCATS CP21 SCREEN:

The review date is entered here

ENTER PRIMARY ID

TERM: XU03 ARIZONA CHILD CARE AUTOMATED TRACKING SYSTEM DATE: 11/06/97
V6LCP21 HOUSEHOLD ELIGIBILITY ADD/UPDATE TIME: 12:19:54

PRIMARY ID 000077777 NAME DOLBY PAT
CASE MGR 74494 DISTRICT OFFICE F7S UPDATE CASE MGR -----

HOUSEHOLD ELIG	ELIG START DATE	REVIEW DATE	FEE LEVEL	FEE LEVEL START DATE	END DATE	END REASON
EA	09291997	02281997	--	-----	-----	--

WAITING LIST ONLY

Enter-PF13--PF14--PF15-- PF16-- PF17-- PF18-- PF19-- PF20-- PF21-- PF22-- PF23-- PF24--
CP04 CP06 ASJOB FRMS CP08 CP13 CP25 CP40 PFKEY CP10

The eligibility start date is entered here

The eligibility code is entered here

The Priority Waiting List eligibility code, start date, review date, and fee level are entered here

The fee level start date is entered here

The fee level is entered here

2. AzCCATS CP08 SCREEN:

Service eligibility code is entered here

ENTER A PROVIDER ID

TERM: XU03 ARIZONA CHILD CARE AUTOMATED TRACKING SYSTEM DATE: 11/06/97
V6LCP08 PURCHASE SERVICE ADD/UPDATE TIME: 12:21:05

CLIENT ID 000077776 NAME DOLBY KIT

SERVICE LC7 KIND (1) D
(2) L

PROVIDER ID 068549788

~~PROVIDER NAME - DOLBY KIT - PRESCHOOL~~

CC ELIG ELIG START DATE REVIEW DATE FEE LEVEL
EA 09291997 02281997

UNITS 'D' 'L'	BUD SRC	SVC ELIG	BUDGET DIST-OFF	C-MGR	CONTRACT NUMBER
10 23	---	-	--	----	-----

START DATE ----- END DATE -----
'D' CO-PAY 0.00- 'L' CO-PAY 0.00- EXEMPT CODE -

AUTHORIZATION DOCUMENT FOR CASE MANAGER ----- PRINTER ID ----
Enter-PF13--PF14--PF15--PF16--PF17--PF18--PF19--PF20--PF21--PF22--PF23--PF24--
CP04 CP06 CP13 CP21 CP40 CP10

Budget source code is entered here

The provider ID # is entered here

Number of authorized units is entered here

The authorization start and end dates are entered here

H. Identifying Arizona Works Authorization/Eligibility in AzCCATS

Arizona Works is the pilot program implemented April 1, 1999 and currently operating in District 1 Eastern Maricopa County. Arizona Works was mandated by the Arizona State Legislature to determine eligibility for Jobs Child Care, AFDC Employed Child Care and Transitional Child Care for families residing in the Arizona Works catchment area (contact the Policy Helpdesk for assistance in locating the Arizona Works catchment area zip codes).

1. During the 4 year pilot program, Arizona Works Child Care Specialists will determine eligibility and authorize child care services in AzCCATS for eligible clients.
2. Clients whose cases are being maintained by Arizona Works will display an Arizona Works Case Manager ID number on screens in AzCCATS which display the ***Case Manager ID*** field.
3. Identifying Arizona Works Case Manager ID Numbers

The Case Manager ID number assigned to the Child Care Specialist currently maintaining the child care case will display on AzCCATS screens that display the ***Case Manager ID*** field. Arizona Works Child Care Specialist Case Manager ID numbers:

- a. Begin with “A” (for Arizona Works) and are followed by 5 numbers;
- b. Will appear as follows:

**“CASE MGR: A00000
A00001
A00002”**

4. The ***Case Manager ID*** field is displayed on the following screens:
 - a. AzCCATS *Client Status and Eligibility History* (CP04) screen; and
 - b. AzCCATS *Household Eligibility Add/Update* (CP21) screen; and
 - c. AzCCATS *Purchase Services Display* (CP13) screen.
5. Arizona Works cases will also be identified in AzCCATS with an “A” budget source code (for “Arizona Works”). Therefore, Arizona Works cases will be identified as **A/JB**, **A/EA**, **A/TC**, and **A/WT** in AzCCATS (instead of **J/JB**, **E/EA**, **T/TC**, and **W/WT**).

AzCCATS CP04 Screen:

CURRENT ELIGIBILITY FOUND - PRESS ENTER TO CHECK HISTORY
 TERM: XU12 ARIZONA CHILD CARE AUTOMATED TRACKING SYSTEM DATE: 10/07/99
 V6L CP04 CLIENT STATUS AND ELIGIBILITY HISTORY TIME: 15:44:38

CLIENT ID 000000000 NAME LANE BRIAN

PRIMARY ID	CLIENT TYPE	STATUS PRI ADL
111111111	A	O

FEE LEVEL

CC ELIG	START DATE	REVIEW DATE	FEE LEVEL	START DATE	OFFICE	CASE MGR
EA	08/03/1998	01/31/2000	L1	09/01/1999	A1Z	A00000

PRIORITY LIST ELIGIBILITY

Enter- PF13-- PF14-- PF15-- PF16-- PF17-- PF18-- PF19-- PF20-- PF21-- PF22-- PF23-- PF24--
 AP10D CP16 P13 PFKEY CP30

Arizona Works Case Manager
 ID numbers begin with an "A",
 followed by 5 numbers

AzCCATS CP21 Screen:

Arizona Works Case Manager
 ID numbers begin with an
 "A" followed by 5 numbers

TERM: XU08 HOUSEHOLD ELIGIBILITY ADD/UPDATE DATE: 10/07/99
 V6LCP21 TIME: 14:06:21

PRIMARY ID 000222222 NAME ROGERS FRED

CASE MGR A00000 DISTRICT OFFICE A1Z UPDATE CASE MGR -----

ELIGIBILITY FAMILY SIZE 002 MONTHLY INCOME FOR ELIGIBILITY \$ -250

HOUSEHOLD ELIG	ELIG START DATE	REVIEW DATE	FEE LEVEL	FEE LEVEL START DATE	END DATE	END REASON
EA	06021999	11301999	---	-----	-----	---
---	-----	-----	---	-----	-----	---
---	-----	-----	---	-----	-----	---

WAITING LIST ONLY!

Enter- PF13-- PF14-- PF15-- PF16-- PF17-- PF18-- PF19-- PF20-- PF21-- PF22-- PF23-- PF24--
 CP04 AP10 CP06 ASJOB FRMS CP08 CP13 CP25 CP40 PFKEY CP10

AzCCATS CP13 Screen:

Arizona Works Case Manager
 ID numbers begin with an "A"
 followed by 5 numbers

END OF THIS CLIENT GROUP
 TERM: XU12 ARIZONA CHILD CARE AUTOMATED TRACKING SYSTEM DATE: 10/07/99
 V6L CP13 PURCHASE SERVICES DISPLAY TIME: 15:08:31

CLIENT ID 111111111 NAME SCHMOE JOE

ELIG -- START-DATE -----

SVC	UNT	K	P	IG	LVL	DST	CASE MGR	PROVIDER NUMBER	CNTR	START DATE	END DATE	CO	PAY	CL	RS
CH1	9	D	EA	L1	A1Z	A00000	092683303	07201999	07311999						
CH1	9	L	EA	L1	A1Z	A00000	092683303	07201999	07311999						
CH1	23	D	EA	L3	A1Z	A00000	092683303	08011999	08311999						
CH1	23	L	EA	L3	A1Z	A00000	092683303	08011999	08311999						

Enter- PF13-- PF14-- PF15-- PF16-- PF17-- PF18-- PF19-- PF20-- PF21-- PF22-- PF23-- PF24--
 PR03 CP16 CP10 CP04 PFKEY CP30

I. Dual Eligibility Within the Family

1. In order to have all of the family child care needs met, some Block Grant/Protective Services families may need to be authorized for another child care program in addition to Block Grant/Protective Services Child Care. A family may need to have individual children authorized for care under different programs.
2. When a foster parent who has been referred for Child Care Assistance by CPS or DDD needs care for their own child in addition to the foster child, the Specialist shall:
 - a. Authorize the foster child under Block Grant/Protective Services Child Care (BP);
 - b. Determine eligibility for the remaining children who do not meet eligibility criteria for Block Grant/Protective Services Child Care (refer to Program Specific Eligibility Determination sections for further instruction on determining eligibility for other child care programs); and
 - c. Enter the appropriate eligibility codes (refer to Table 18 for a list of AzCCATS eligibility codes) indicating household eligibility in the ***Household Eligibility*** field on the *Household Eligibility Add/Update* (CP21) screen.

J. Retroactive Authorizations

Child care service authorizations shall be retroactive on an **EXCEPTION** basis as validated by the Child Care Supervisor in the following situations:

1. Administrative error; agency personnel have made an error as validated by the supervisor.
 - a. The authorization shall be retroactive to the date the error occurred.
 - b. If the need for a retroactive authorization is caused by a *client error*, the correct level of service shall be covered only from the date the client provided the correct information. Services cannot be authorized to be received prior to the date the application was dated as received by the department.
2. The client requests reinstatement of assistance pending the outcome of a hearing (refer to ***Fair Hearings/Appeals*** for further direction on the Appeals process).
3. As directed by an Administrative Law Judge in an appeal/hearing process.
4. A Jobs or CPS referral was received untimely, and an eligible client has already begun using services with a DES contracted provider.
 - a. The Child Care Specialist and Supervisor shall bring the untimely referral to the attention of their counterparts in CPS or Jobs, and indicate that CCA requires referrals to be sent prior to the date that services are needed.

- b. Continued problems with untimely referrals that persist after the Specialist and Supervisor have attempted to resolve it at the local level shall be elevated to the Policy Unit in Central Office for follow up and resolution.

5. As directed by CCA Central Office.

K. Case Suspension

Clients may retain eligibility for up to 4 months without being authorized for services.

1. When the client reports that child care will not be required but will be needed at a future date (within 4 months) the case shall be suspended. The Specialist shall:
 - a. Stop authorization based on client's request, without closing the case;
 - b. Discuss the redetermination date with the client and explain that eligibility must be determined even during suspended services; and
 - c. Resume authorization of services if the client requests child care within the 4 months (current verification of income and activity/need for service is required before services can be resumed).
2. If the client does not request resumption of Child Care Assistance within 4 months, services shall be terminated with appropriate negative action notification.

L. Exclusions from Authorization

Child Care Assistance shall **NOT** be authorized for the following:

1. Reasons other than those specified as eligible activities/needs for service (refer to ***Eligible Activities/Needs for Service*** for further direction on determining eligible activities or needs);
2. Study time for clients attending school or training;
3. Correspondence courses, or any education/training activities completed in the home;
4. Child Care Assistance during the hours a child should be attending public school (e.g., kindergarten, first grade, etc.). **UNLESS:**
 - a. Kindergarten is not available in the school district.
 - b. The parent is unable to make the transportation arrangements between the kindergarten and child care.
 - c. The child is not developmentally ready for kindergarten as determined by the parent or school.

NOTE: The case file must be thoroughly documented regarding the reasons for authorization in the above situations.

5. Time for clients engaged in strike activities. This shall include picketing required by a union in order to maintain status.